

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035746

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 236

FILED OCT 9 1962

1. PLACE OF DEATH

a. COUNTY

RANDOLPH

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MOBERLY

Length of stay in lb

12 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION WOODLAND HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

CHARITON

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

KEYTESVILLE

Reside on Farm

Yes ☒ No ☐

d. STREET

(If outside, give location)

RURAL

3. NAME OF DECEASED
(Type or print)

First

MARVIN

Middle

FLOYD

Last

CANADAY

4. DATE

OF DEATH

Month

Day

Year

September 23 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9-10-1905

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MAIL HANDLER

10b. KIND OF BUSINESS OR INDUSTRY

K.C. TERMINAL RAILWAY

11. BIRTHPLACE (City and state or country)

BLYTHE DALE MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HARVE PRESTON CANADAY

13b. MOTHER'S MAIDEN NAME

NELLIE TILLOTSON CARLTON

14. NAME OF HUSBAND OR WIFE

LENA MAE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES 1938-1940

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

LENA MAE CANADAY

Address

Keytesville

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Astrocytoma, grade III.

INTERVAL BETWEEN

ONSET AND DEATH

9 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan. 1962

to Sept. 23, 1962

and last saw him alive on

Sept. 23, 1962

Death occurred at

3:30

P.

m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Moberly, Mo.

22c. DATE SIGNED

9/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

9-28-1962

23c. NAME OF CEMETERY OR CREMATORY

BETHANY

23d. LOCATION (City, town, or county)

Chariton

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

H.D. Gannett

Keytesville, Mo.

25. DATE RECD. BY LOCAL REG.

9-28-62

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10887

20210

3

4 0

5 1

6

7 2

8 0

9 193.9

10

11

12 5-0

13 1-0

OCT 24 1962

OCT 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lebenn K. Tillatson

Licensed Embalmer No. 4508

P. O. Address Marseline Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.